

**Federal Guidance for Organizations  
Providing Personalized Assistance for Medicare Prescription Drug Coverage  
(9/21/2005)**

**Purpose**

Centers for Medicare and Medicaid Services (CMS) provides the following guidance to State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs) and community-based organizations and their paid and volunteer staff members who provide personalized, one-on-one counseling to help people with Medicare understand Medicare prescription drug coverage and compare plans, as well as providing clerical assistance to enable people with Medicare to enroll in plans that meet their needs. This guidance applies whether assistance is provided in special group events, office visits for individual counseling, by telephone, or through residential visits.

**Training and Resources**

CMS offers two primary sources of information to staff members of organizations that will offer personalized assistance to help people with Medicare understand and, if they choose, enroll in Medicare Prescription Drug Coverage:

**Medicare Prescription Drug Plan Finder** – The Medicare Prescription Drug Plan Finder is an internet-based tool available on [medicare.gov](http://medicare.gov) that will help people decide whether they want to join a plan that offers Medicare prescription drug coverage. It is designed to help people with Medicare compare the Medicare drug plans in specific geographic areas and select a plan that meets an individual person's needs. The role of staff members of organizations that provide personalized assistance and that use this tool will be primarily to assist the person with Medicare by describing Medicare prescription drug coverage in general; explaining how the decision-making process works and the significance of certain factors such as having other retiree coverage; addressing the possibility that those counseled have limited income and resources; explaining the importance of understanding the late enrollment penalty and creditable coverage; and then putting information from the person with Medicare into the tool, while explaining the information from the tool to the beneficiary.

If the person with Medicare is not able to provide the necessary information or make the necessary decisions, the staff member may have to terminate the session, describe what information is still needed, provide a summary of where the process was left, and explain how to continue the process after the person obtains the necessary information. It would also be appropriate to remind the person why it is important to make a timely decision

The Medicare Prescription Drug Plan Finder is specifically designed to allow people with Medicare to compare Prescription Drug Plans and Medicare Advantage plans that offer prescription drug coverage. For people with Medicare who are interested in learning more about Medicare Advantage plans, the Medicare Prescription Drug Plan Finder links

to the Medicare Personal Plan Finder, an additional tool on [medicare.gov](http://medicare.gov) that contains specific information about Medicare health plans.

**The Medicare Rx Help is Here Resource Kit** – The Medicare Prescription Drug Plan Finder can only work accurately for a person with Medicare who puts in the necessary information. The *Medicare Rx Help is Here Resource Kit* contains general background information about Medicare prescription drug coverage and tools such as fact sheets that will help staff members who provide personalized assistance understand the questions to ask people with Medicare. These questions will obtain the information needed to make the Plan Finder work. It also contains information that will help staff members explain to people why it is important to provide that information.

Staff members of organizations that provide personalized assistance related to Medicare prescription drug coverage will find the process much easier if they become as familiar as possible with the information provided in *The Medicare Rx Help is Here Resource Kit*. However, whenever possible, CMS encourages organizations to use the Medicare Prescription Drug Plan Finder to guide the discussions with people with Medicare who are interested in Medicare prescription drug coverage.

CMS recognizes that, in some cases, counseling will be provided in environments without Internet access. In these cases, *The Medicare Rx Help is Here Resource Kit* and the *Medicare & You* handbook will be the primary information tools. Staff members of organizations providing enrollment assistance can use information in those tools to help people understand drug coverage and the basic information about the plans that are available to them. However, *The Medicare Rx Help is Here Resource Kit* and the *Medicare & You* handbook do not contain enough information as stand-alone tools to make some kinds of plan comparisons, particularly when comparing plans based on formulary needs, pharmacy preferences, or lowest cost for prescription drugs the individual is currently taking. In those cases, staff members may help the person with Medicare complete the worksheet in *The Medicare Rx Help is Here Resource Kit* that will compile the information the person will need available when he or she goes online him or herself, contacts an organization that has Internet access, or calls 1-800-MEDICARE for assistance in comparing plans based on those types of comparisons of plans.

## Enrollment Assistance – A Four Step Process

It is important for people with Medicare to understand the cost, coverage, convenience, and peace of mind offered by Medicare prescription drug plans. The *Getting Started: How to Help* and the *Things to Think about when You Compare Plans* sections of *The Medicare Rx Help is Here Resource Kit* explain these elements that are important in helping a person make an informed decision. Staff members can help people understand all of these elements when they help people with Medicare go through the four basic steps to understand and decide about Medicare prescription drug coverage.

**Step 1: Ask essential questions about a person's specific situation,**  
**Step 2: Use the answers to those questions to explain to the person his or her options for obtaining Medicare drug coverage, and any decisions the person must make,**  
**Step 3: If the person with Medicare wishes to proceed with choosing a plan, explain how to compare plans,**  
**Step 4: If the person chooses a plan and wishes to enroll, help the person fill out the necessary forms, or explain where to go for further assistance.**

### **Step 1 – Ask essential questions about a beneficiary's specific situation.**

Staff members of organizations providing personalized assistance to help beneficiaries understand and decide about Medicare prescription drug coverage will need to ask questions that will help identify the options for people with Medicare. Staff will need to ask about:

- Current health insurance coverage, if any. It is essential to find out if the person has any kind of retiree drug coverage, a Medigap policy with drug coverage, TRICARE, VA or FEHBP.
- Prescription drugs the person takes,
- Pharmacy preferences, and
- Income and resources of the person with Medicare. **(Using the limited income fact sheet as a guide, ask the beneficiary if he or she is aware of the extra help available to people with limited incomes. Be prepared to help with either an online or paper Social Security Administration application for the extra help for people with limited incomes.)**

The *Medicare Rx Help is Here Resource Kit* provides information that explains why each of these factors is important in helping someone understand and decide about Medicare prescription drug coverage.

Staff members of organizations providing personalized assistance are encouraged to use the Medicare Prescription Drug Plan Finder tool on [medicare.gov](http://medicare.gov) whenever it is available, to guide people through these questions. It can significantly reduce the amount of effort involved because it will automatically guide staff members to ask the right questions, and will provide much of the information needed for the beneficiary to make an informed choice.

**Step 2 – Use the answers to those questions to explain to the beneficiary his or her options for obtaining Medicare drug coverage, and any decisions the beneficiary must make**

The information gathered in Step 1 will help the staff members or volunteers of organizations providing personalized assistance decide whether there is enough information to move forward with the process. If there is not enough information, the staff member should explain exactly what information the person with Medicare needs to obtain in order to continue getting help. If there is enough basic information, the staff member can proceed to explain to the person what options he or she has for getting Medicare drug coverage, and what decisions he or she needs to make. For example, a person who has retiree drug coverage will be asked relevant questions about whether the coverage is creditable prescription drug coverage (coverage that is at least as good as Medicare prescription drug coverage), whether the employer will continue the current coverage after January 2006; whether the employer will only provide wrap-around coverage, etc. There is substantial information available in the *Medicare Rx Help is Here Resource Kit* to identify the factors that are important to people with Medicare to make an informed decision about whether to enroll in a plan.

CMS encourages staff members of organizations providing enrollment assistance to rely whenever possible on the Medicare Prescription Drug Plan Finder, which has built-in questions and information that helps guide this discussion and provide information to assist people in making an informed decision about whether to join a Medicare prescription drug plan. When a staff member enters basic information identifying the person with Medicare into the Medicare Prescription Drug Plan Finder, the Plan Finder will supply information about the beneficiary from the Medicare database that is important to the person's choice of Medicare drug coverage. For example, while the Plan Finder **will not** have information about retiree coverage as a general matter, it **will** show whether the person is enrolled in an employer plan that is receiving a subsidy to provide prescription coverage; and while it **will not** have general information about the person's income and resources, it **will** show whether the person has already been determined to be eligible for a limited-income subsidy. Very importantly, the plan finder should indicate in all cases whether the person is already enrolled in a Medicare Advantage plan or in a Medicare Prescription Drug Plan.

**Step 3 – If the person with Medicare wishes to proceed with choosing a plan, explain how to compare plans.**

When a person with Medicare decides that it makes sense for him or her to enroll in Medicare prescription drug coverage, the *Medicare Rx Help is Here Resource Kit* contains tools to assist the staff members of organizations that will provide personalized assistance to help a person with Medicare generally compare and choose a plan. Several key factors will vary in the plans, and some of the factors will be more important to some people than to others. Staff members of organizations that will provide personalized assistance can assist people with Medicare by providing information about how plans

differ, and either show how, or assist in, identifying plans that match a person's preferences.

The Medicare Prescription Drug Plan Finder, which will have information on most of the available plans, will help a person with Medicare easily compare the plans based upon the person's individual preferences and needs, including the specific prescriptions that a person takes, where they want to receive their prescriptions, and the premiums the person is willing to pay.

Personalized enrollment assistance that helps people evaluate their coverage options is valuable to people who want or need it. However, staff members of organizations providing enrollment assistance:

- (1) **SHOULD NOT** make recommendations about specific plans and
- (2) **MUST** clearly step back and allow people to make independent decisions.

For Example:

If a person with Medicare tells a staff member providing personalized assistance that it is important that a particular drug is in her plan's formulary with a small co-payment and it is also important that she be able to get her drugs at her nearest pharmacy, then **it is appropriate** for the staff member to use the Medicare Prescription Drug Plan Finder to find and provide information that will tell the person with Medicare that Plan X is a plan that covers the drug in question at a small co-payment and offers coverage for the drugs she is taking through her preferred pharmacy.

However, **it is inappropriate** for a staff member providing personalized assistance to make statements such as, "most people choose Plan X" or "Plan Y is the best plan." Endorsing or promoting a plan in any way that does not directly respond to the needs and preferences of the person being counseled is inappropriate.

Organizations or persons that provide personalized counseling must not enter into any relationship with a Medicare prescription drug plan that would involve payment or other remuneration being provided by a plan based on the number of people the organization or staff member enrolls in a specific plan or limited number of plans.

If people do not have enough background information (such as notices of creditable coverage); are unable to understand the material; or are unable to make a final decision about which plan to choose, the staff members must stop the process and tell the person what information he or she needs to obtain to finish the process. There will be cases where the person is confused, has lost the information, or is otherwise unable to proceed. In such cases the staff person can offer to assist the person in contacting friends, relatives, social workers, or others who may be able to help. However, as noted above, staff

members of organizations providing personalized assistance **MUST NOT** pressure someone into making an uninformed decision.

**Step 4 – If the person chooses a plan and wishes to enroll, help the person fill out the necessary forms, or explain where to go for further assistance.**

Once a person chooses a plan, he or she may join that plan using one of the following methods:

- Contact the Medicare prescription drug plan directly, either by telephone or by filling out the plan's application form.
- Go online to [medicare.gov](http://medicare.gov) and enroll using the Medicare Prescription Drug Plan Finder's "Enroll" function.
- Call 1-800-MEDICARE.
- Ask the staff person providing personalized counseling to enroll him or her using the Medicare Prescription Drug Plan Finder. **At the enrollment step, the staff person's role is solely to help a person who is not able to use the Plan Finder himself or herself by taking the necessary information from the person with Medicare and entering it into the internet tool.**

CMS encourages organizations that provide personalized assistance to offer the additional service of completing the online enrollment process for people who have chosen a Medicare prescription drug plan. Effective November 15, 2005 the Medicare Prescription Drug Plan Finder will have a feature that allows people to enroll into either a participating Medicare Prescription Drug Plan or Medicare Advantage Prescription Drug plan online. Staff members of organizations providing enrollment assistance are encouraged to use this tool to help people enroll into the plan of their choice.. To do so, the staff member simply follows the onscreen instructions in the Medicare prescription drug plan finder, logs into the enrollment portion of the online tool, reads information to the person with Medicare, and enters information from the person with Medicare into the online form. At the conclusion of the session, the Plan Finder will give a confirmation number indicating that the person is now enrolled in Medicare prescription drug coverage.

### **Changing Plans**

If a person with Medicare is unhappy with the plan he or she chooses, the person has will have at least one opportunity, and possibly more, to change plans between November 15, 2005 and May 15, 2006. As a general rule, the person with Medicare can always cancel an enrollment prior to its effective date. So, for example, between November 15, 2005 and December 31, 2005, the person with Medicare could change his/her choice of plans several times. The last complete enrollment request received is the one that will be effective on January 1, 2006.

If a person claims he or she was misled or did not understand what was happening during the enrollment process, and, therefore, objects to having been enrolled in a plan, a staff

person of an organization that provides enrollment assistance on behalf of a person with Medicare or a person with Medicare him or herself can contact CMS so that its staff can review the specific circumstances to determine what remedy, if any, is appropriate.

There is also a safeguard to protect a person with Medicare who is enrolled in an employee or retiree plan from enrolling in a Medicare prescription drug plan and inadvertently changing his or her eligibility for employee or retiree benefits. If a person who is an employee or retiree of an employer that is receiving a subsidy submits an enrollment to a Medicare prescription drug plan, the plan will be required to notify the person with Medicare that he or she should contact his or her employer and the enrollment will not take place until the person with Medicare confirms that he or she wishes to enroll in the Medicare prescription drug plan.

### **Unforeseen Situations and Future Revisions**

These general guidelines do not cover every possible situation. CMS recommends that sponsoring organizations develop internal procedures to refer difficult or unusual questions to their most expert staff, or to contact other organizations (or CMS) for help. CMS welcomes comments on these guidelines and will revise them if or when this is likely to be helpful. Address comments or questions to Kevin Simpson ([kevin.simpson@cms.hhs.gov](mailto:kevin.simpson@cms.hhs.gov) or 410-786-0017).